

Name
in
Full

Mrs Mary F Brumell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>La Plata</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>25</i>	Age <i>80</i>	Months <i>2</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Charles Co</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Wm. Brumell</i>				
Father's Name <i>Henry Brumell</i>			Father's Birthplace <i>Charles Co</i>		
Mother's Maiden Name <i>Mary Yates</i>			Mother's Birthplace <i>Charles Co</i>		
Name of person giving information <i>H H Brumell</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infirmities due to old age</i>	How long	<i>154</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos. S. Owen M.D.</i>	
<i>Yes</i>		Address <i>La Plata</i>	
Accident or Suicide? <i>—</i>		<i>—</i>	



Name
in
Full

Button Twins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} La Plata

County Charles

Date
of death 1906

Month Jan

Day 1

Age

~~Years~~~~Months~~

Days

3 or 4 hours

Sex female

Color or
Race

white

Birth-
place

Charles Co

Occupation

none

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John S Button

Father's
Birthplace

Charles Co

Mother's
Maiden Name

Bertha Wade

Mother's
Birthplace

Charles Co

Name of person giving
information

J. S. Button

How related
to deceased

father

CAUSES OF DEATH

Primary

Premature birth (6 1/2 minutes)

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Thos S. Burton M.D.

Address

La Plata

Accident or Suicide?



Name
in
Full

Buttun Twins

CERTIFICATE OF DEATH

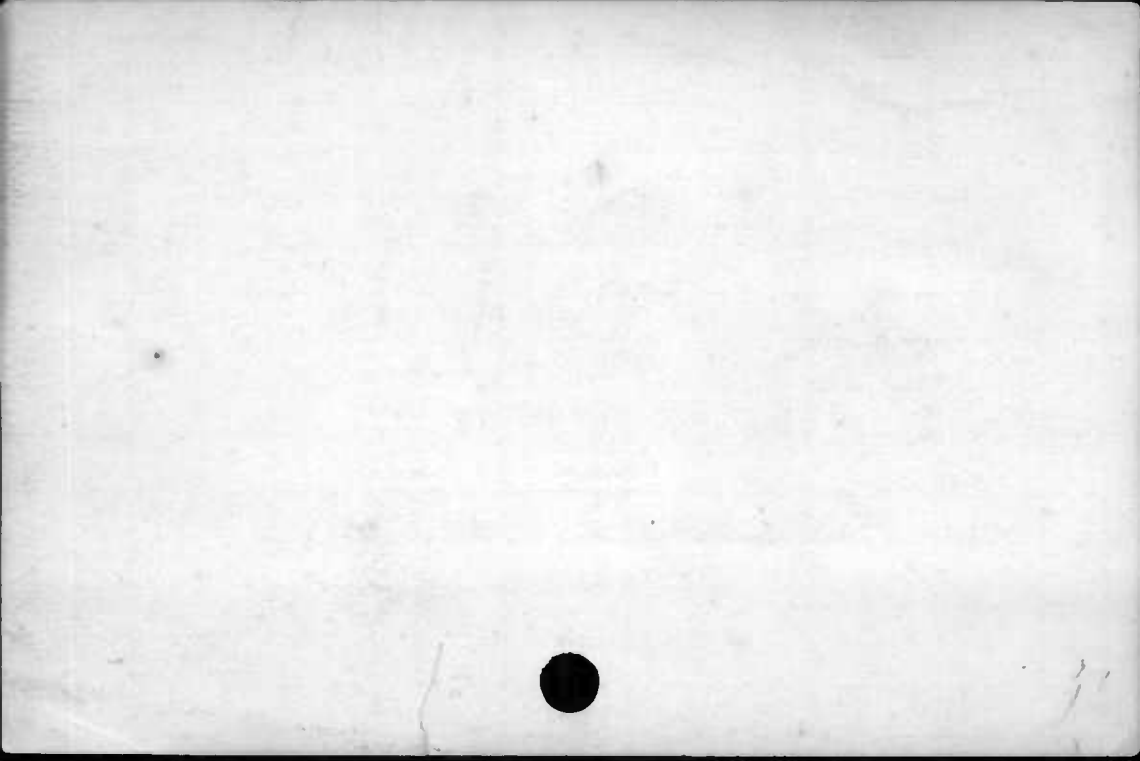
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>La Plata</i>		Town <i>La Plata</i>		County <i>Charles</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Jan.</i>	Day <i>1st</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>3 hours</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birthplace <i>La Plata Md</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>John D Buttun</i>			Father's Birthplace <i>Charles Co</i>				
Mother's Maiden Name <i>Bertha Wade</i>			Mother's Birthplace <i>Charles Co</i>				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>	How long	<i>151</i>
Immediate	<i>6 1/2 months</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Thos. S. Owen M D</i>	
		Address <i>La Plata Md</i>	
Accident or Suicide?		<i>✓</i>	



Name
in
Full

Blanche Campbell

CERTIFICATE OF DEATH

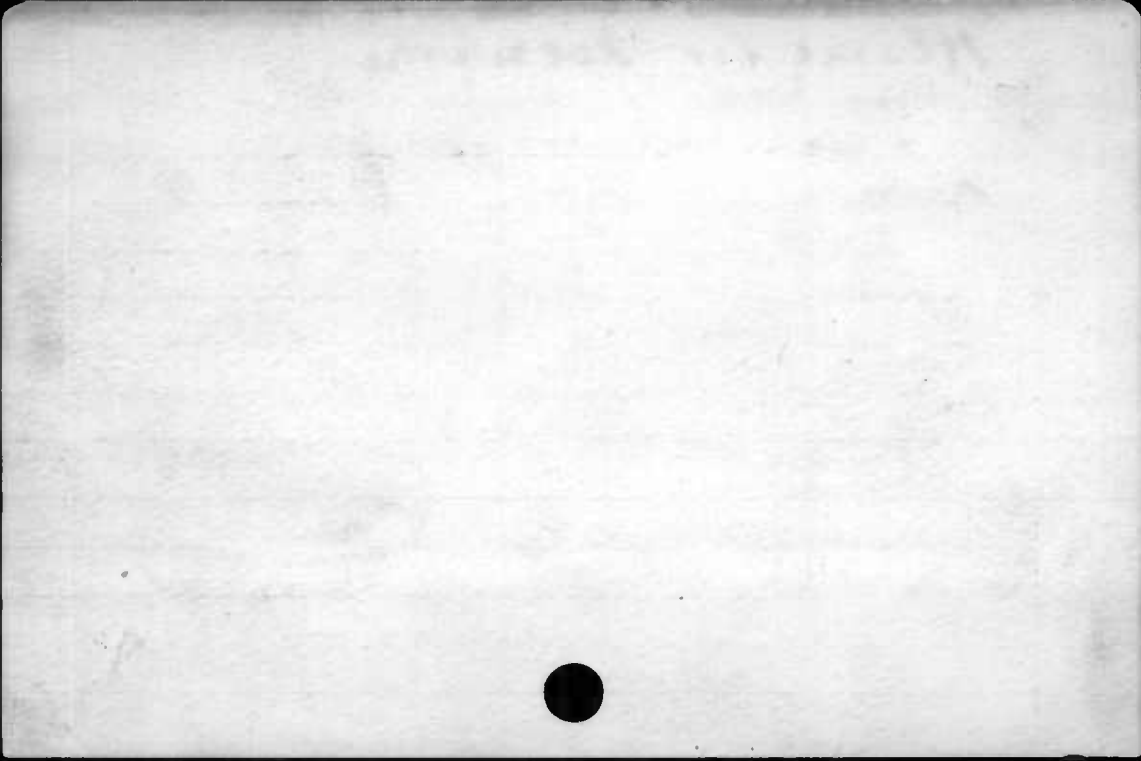
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Myanem		County Charles		MARYLAND	
Date of death 1906	Month Jan	Day 29	Age 4	Years 4	Months —	Days —	
Sex Female	Color or Race Caucasian		Birth- place Md.				
Married, Single or Widowed		Single		Occupation —			
Name of Wife or Husband —							
Father's Name Richard Campbell				Father's Birthplace Md.			
Mother's Maiden Name Lizzie Campbell				Mother's Birthplace Md.			
Name of person giving In formation Richard Campbell				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

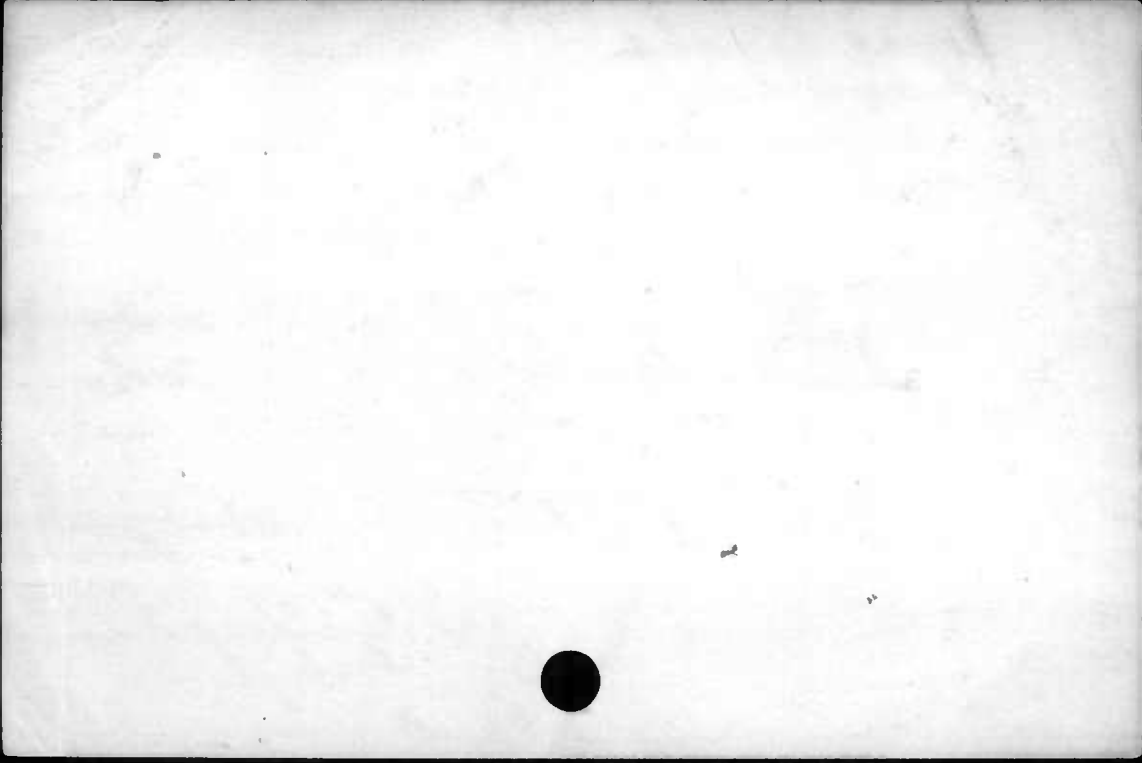
Primary	Choking Cough		How long	3 months
Immediate	Asphyxia		How long	minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. C. Gordin		
3/29		Address Myanem, Md.		
- Accident or Suicide?		—		



Name in Full Heanster Baptista Carter		CERTIFICATE OF DEATH	
Died at Indian Head ^{Town} Charles ^{County}		MARYLAND	
Date of death 1906 Jan. 10 ^{Month} ^{Day} ^{Years} Age 64		^{Months} - ^{Days} - 1	
Sex Female ^{Female} Color or Race Negro ^{Negro}		Birthplace Charles Co. Md. ^{Charles Co. Md.}	
Occupation -		Where Residing if not at place of death -	
Married, Single or Widowed Married ^{Married} Name of Wife or Husband Joseph H. Carter ^{Joseph H. Carter}		Father's Birthplace - ⁻	
Father's Name Walter B. Swan ^{Walter B. Swan}		Mother's Birthplace Charles Co. Md. ^{Charles Co. Md.}	
Mother's Maiden Name Ann Swan ^{Ann Swan}		How related to deceased Brother ^{Brother}	
Name of person giving information Chas. A. Swan ^{Chas. A. Swan}			
CAUSES OF DEATH			
Primary Pneumonia (Lobar) ^{Pneumonia (Lobar)}		How long 1 days ^{1 days}	
Immediate Exhaustion ^{Exhaustion}		How long 5 days ^{5 days}	
Are the name, age, sex, color, date and place correctly given above? yes ^{yes}		Signature of Physician Henry B. Swan ^{Henry B. Swan}	
		Address Indian Head Md. ^{Indian Head Md.}	
Accident or Suicide? -			



Name in Full		Murray L. Coffey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Rock Point		Thoms		MARYLAND	
	Date of death	1906	January	15	Age	68	
	Sex	Wight		Color or Race	Wight		Birth-place
	Occupation			Where Residing if not at place of death		Charles	
	Married, Single or Widowed	Married		Name of Wife or Husband		Charles H. Coffey	
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
Name of person giving information					How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Phthisis +			How long	15 to 20 yrs.	
	Immediate	Apoplexy			How long	3 days.	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	J. L. Higgins		
				Address	Wayville, Ind.		
Accident or Suicide?							



Name
In
Full

CERTIFICATE OF DEATH

Thomas Craig

Town

County

Died

Riverside

Hart

MARYLAND

Date

1906

Month

Jan

Day

20

Age

Years

11

Months

Days

Sex

male

Color or
Race

black

Birth-
place

md

Occupation

Where Residing if not
at place of deathTO BE ANSWERED BY
NEAREST FRIENDMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Bailey Craig

Father's
Birthplace

md

Mother's
Maiden Name

Sarah Craig

Mother's
Birthplace

md

Name of person giving
information

Bailey Craig

How related
to deceased

Father

CAUSES OF DEATH

Primary

Consumption

How long

about year

Immediate

How long

or more

Are the name, age, sex, color, date
and place correctly given above?

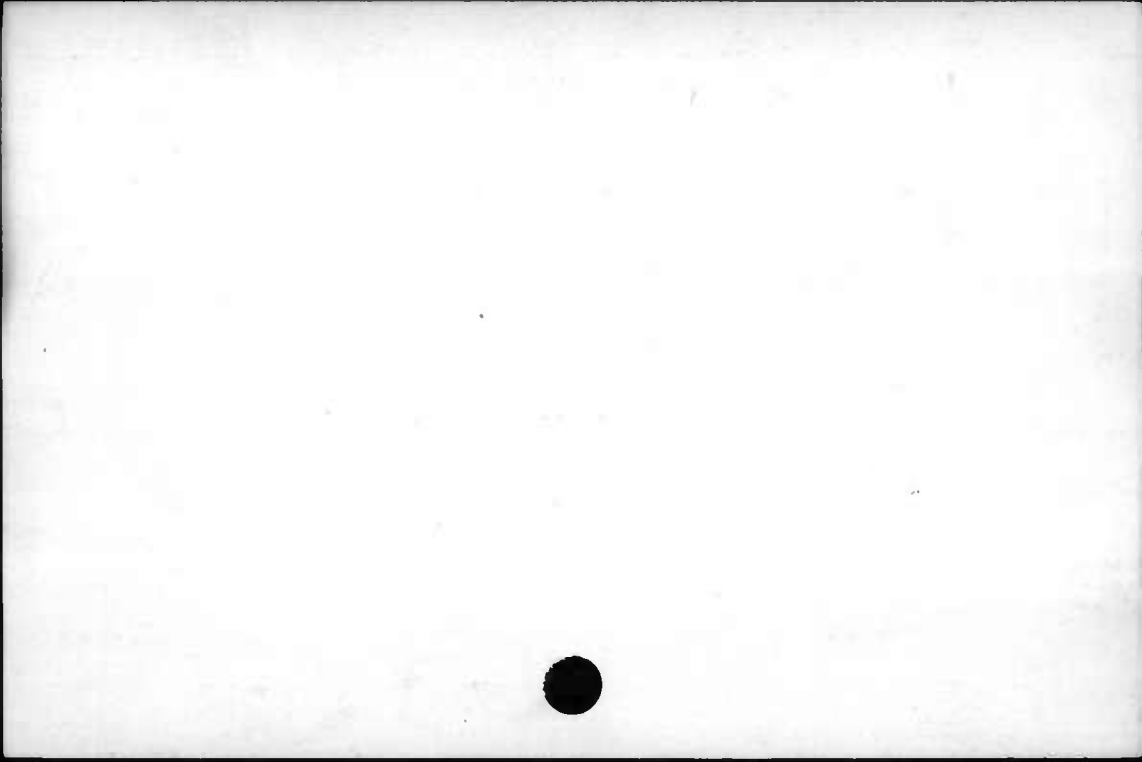
yes

Signature of
Physician

Address

S. S. Speake
GraytonPHYSICIAN
OR CORONER

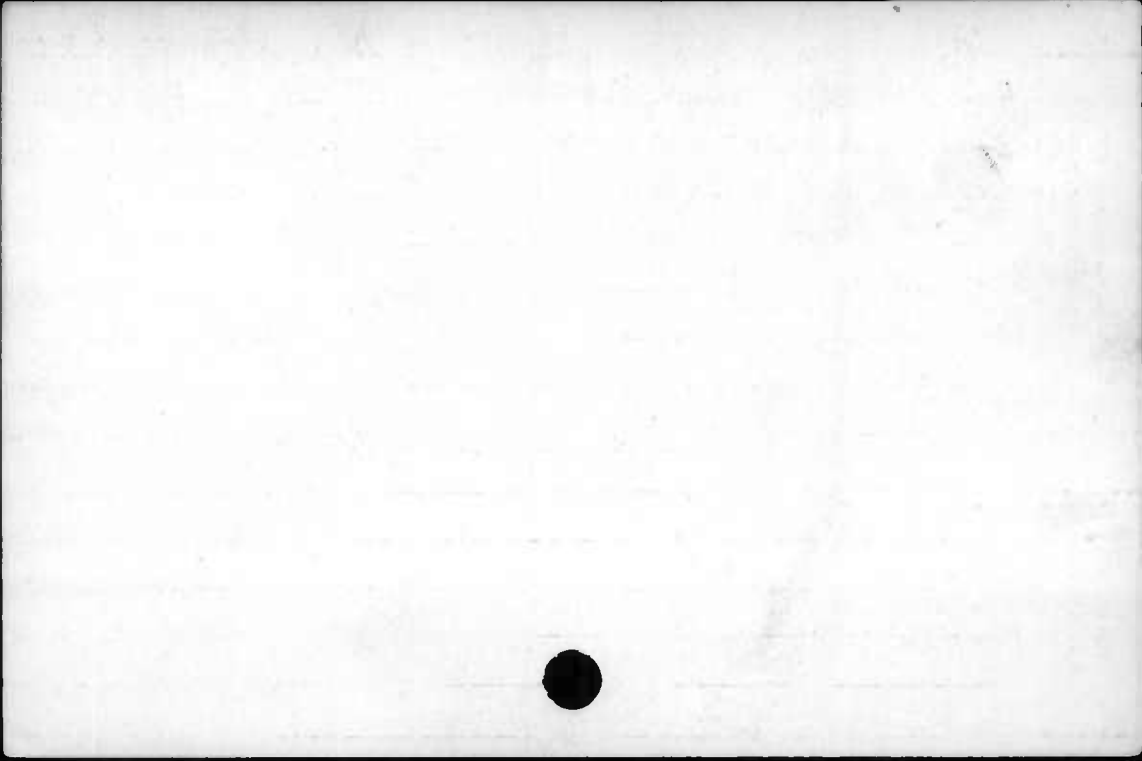
Accident or Suicide?



Name in Full		Irene Golden				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Dorchester		County Charles		MARYLAND		
	Date of death	1906	Month Jan	Day 30	Age 30	Months	Days	
	Sex	Female		Color or Race	White		Birth-place	Ind
	Occupation				Where Residing If not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband	Sidney Golden			
	Father's Name	Peter Wheeler				Father's Birthplace	Ind	
	Mother's Maiden Name	Margaret Rowe				Mother's Birthplace	Ind	
Name of person giving information	Homer Hammonk				How related to deceased			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Consumption				How long	about 12 months	
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	none attendances	
						Address	James M. Wheeler - Sub Registrar	
	Accident or Suicide?							



Name in Full		Infant Child of Jos Gross				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County							
		Bryantown		Calverton		MARYLAND							
		Date of death	1906	Month	1	Day	12	Age	Years	Months	Days		
		Sex		Boy		Color or Race		Colored		Birth-place		Md	
		Occupation				Where Residing if not at place of death							
		Married, Single or Widowed				Name of Wife or Husband							
		Single				—							
PHYSICIAN OR CORONER		Father's Name				Father's Birthplace							
		Jos Gross				Md							
		Mother's Maiden Name				Mother's Birthplace							
		Anne Thomas				Md							
PHYSICIAN OR CORONER		Name of person giving information				How related to deceased							
		Joseph Gross				Father							
		CAUSES OF DEATH											
		Primary				How long							
PHYSICIAN OR CORONER		Brow Spasms				3 days							
		Immediate				How long							
		Exhaustion				1 day							
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician							
PHYSICIAN OR CORONER		Yes				H. C. Chapman Md							
		Address				H. C. Chapman Md							
		Accident or Suicide?				Md							



Name
in
Full

Charlie Green

8/1/11

CERTIFICATE OF DEATH

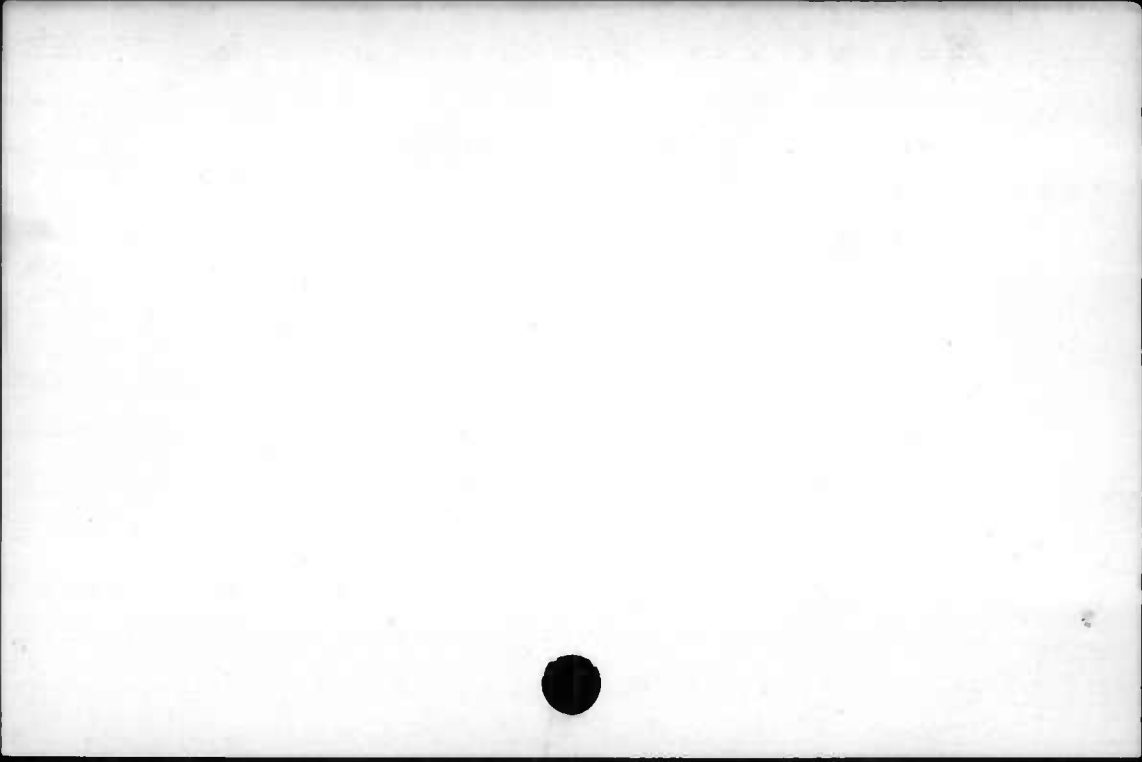
TO BE ANSWERED BY
NEAREST FRIEND

Died at Popes Creek		County Charles		MARYLAND	
Date of death	1906	Month January	Day 10	Age Years	70
Sex	male	Color or Race	colored	Birth- place	Charles
Occupation	oysterman		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband			
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving Information					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	drowned	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
	William R Clark	
	Newbury	
Accident or Suicide?		



gemitt Hankens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harris</i> ^{Town} <i>Zot</i>		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>January</i>	Day <i>23</i>	Age <i>23</i>	Months <i>6</i>	Days <i>1</i>
Sex	Color or Race <i>Colored</i>			Birth-place <i>Charles</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>Henry Middleton</i>			Father's Birthplace <i>Charles</i>		
Mother's Maiden Name <i>Adeline Middleton</i>			Mother's Birthplace <i>Charles</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>8 mos</i>
Immediate <i>General Asthenia</i>	How long

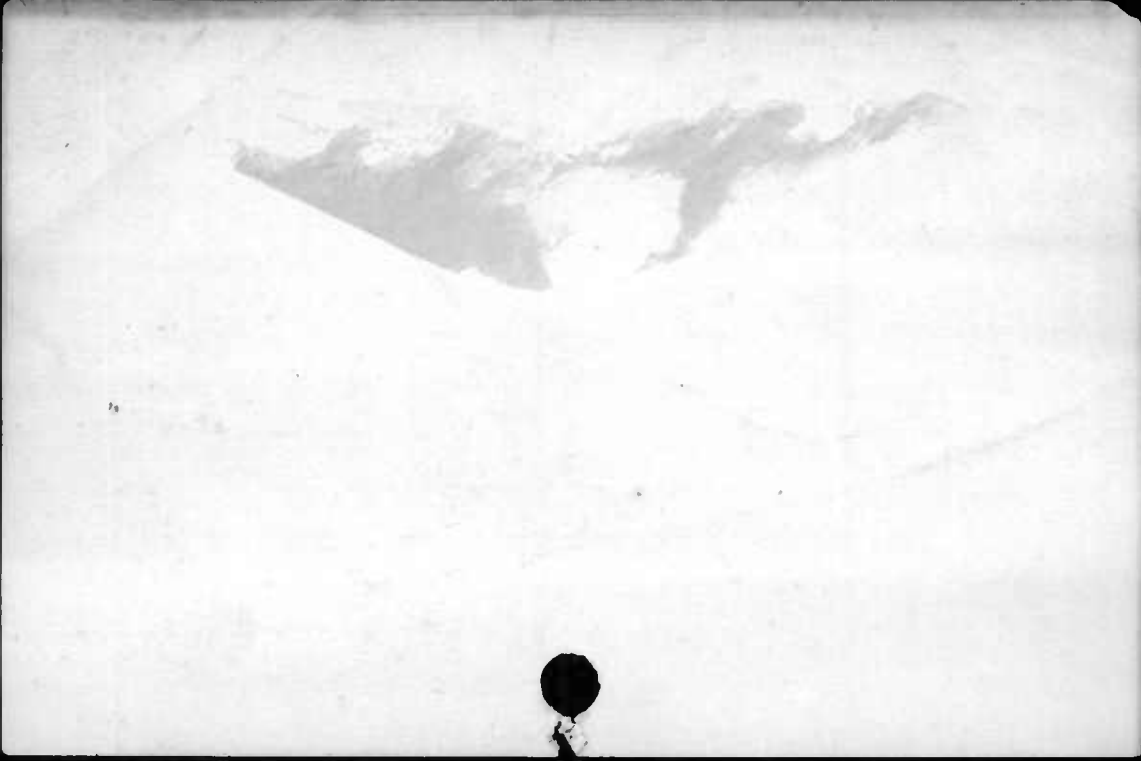
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Reeder Long M.D.
Newburg
Okla.



Name
in
Full

CERTIFICATE OF DEATH

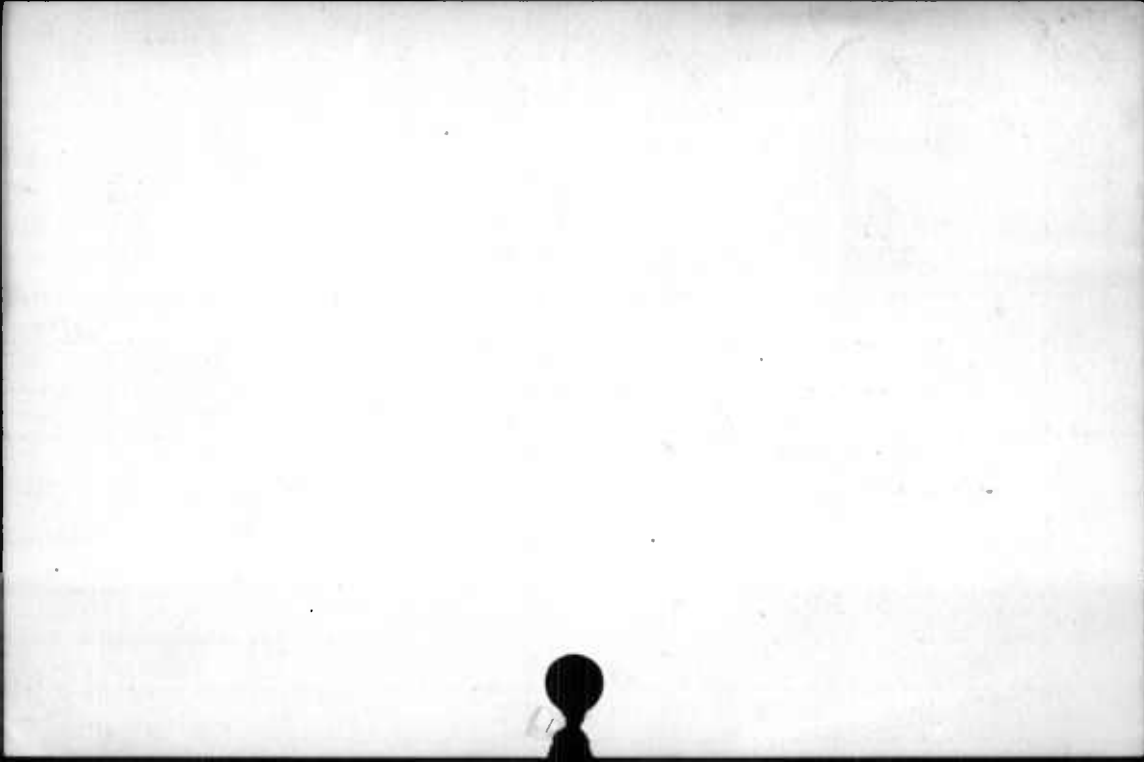
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>White Plains</i> <small>Town</small>		County <i>Chancery</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>January</i>	Day <i>23</i>	Age <i>45</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Chas. Co. Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>J. P. Hicks</i>				
Father's Name <i>Thaddeus Roby</i>	Father's Birthplace <i>Chas. Co. Md.</i>				
Mother's Maiden Name <i>Corning Roby</i>	Mother's Birthplace <i>Chas. Co. Md.</i>				
Name of person giving Information <i>Salvador Hicks</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grippe</i>	How long <i>20 days</i>
Immediate <i>Heart Failure</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. O. Lammie</i>
	Address <i>Salvador Hicks</i>
Accident or Suicide? <i>No</i>	<i>Yes</i>



Name
in
Full

Thomas J. Jamison

CERTIFICATE OF DEATH

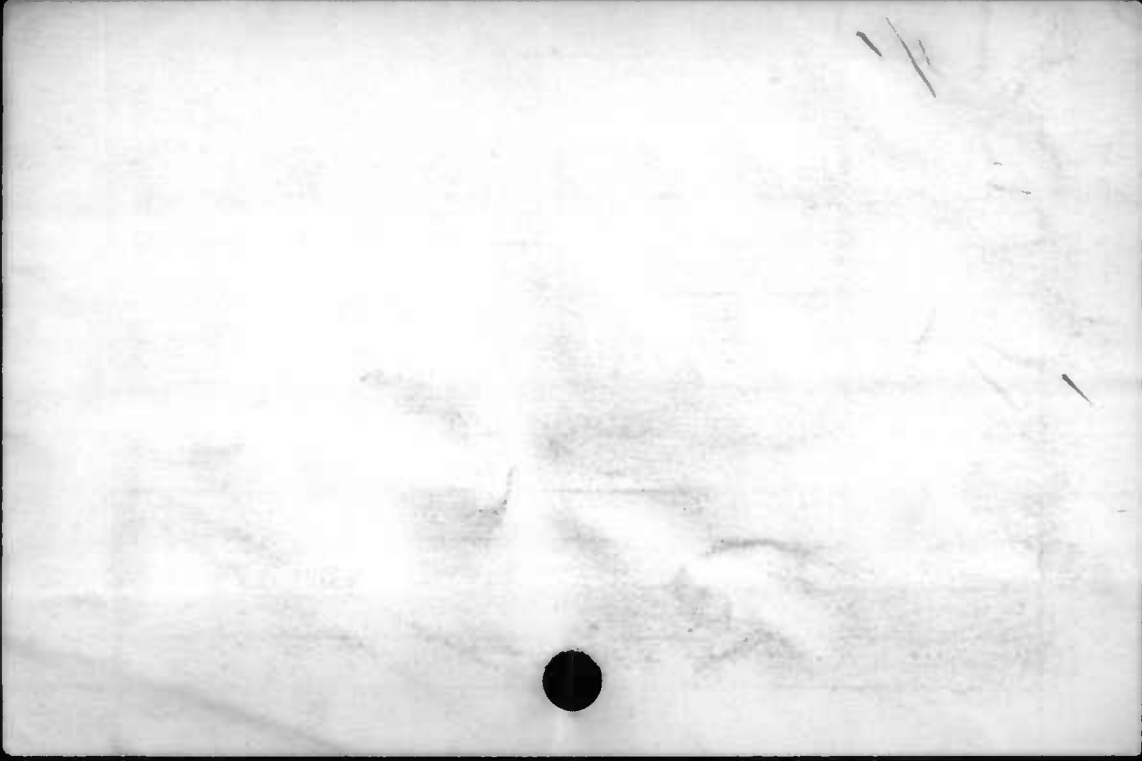
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>La Plata</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>13</i>	Age <i>no</i>	Months <i>8</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Charles Co</i>		
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Lee Jamison</i>	Father's Birthplace <i>Charles Co</i>				
Mother's Maiden Name <i>Sarah N Jenkins</i>	Mother's Birthplace <i>Charles Co</i>				
Name of person giving information <i>Lee Jamison</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Eczema</i>	How long <i>6 or 7 months</i>
Immediate <i>Marasmus</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos S Cowan, M.D.</i>
	Address <i>La Plata</i>
Accident or Suicide? <i>—</i>	<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

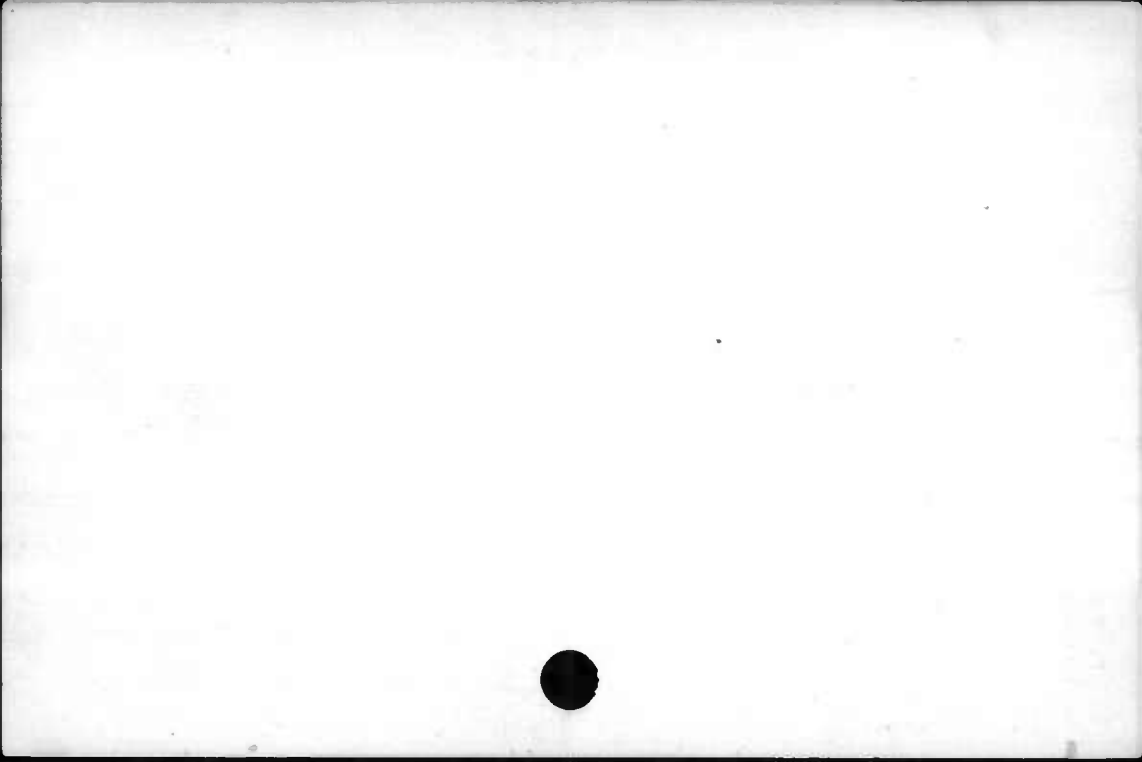
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Louis Langley		Town Hughesville		County Charles		MARYLAND	
Died at Hughesville		Month July		Day 7		Age 35	
Date of death 190 6		Months —		Days —			
Sex male		Color or Race white		Birth-place md			
Married, Single or Widowed Single		Occupation Farmer					
Name of Wife or Husband —							
Father's Name James A. Langley				Father's Birthplace md			
Mother's Maiden Name Julia Murphy				Mother's Birthplace md			
Name of person giving information E. B. Langley				How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Phthisis Pulmonalis		How long 3 years	
Immediate Exhaustion		How long —	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician L. C. Learner	
		Address Bryantown, md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

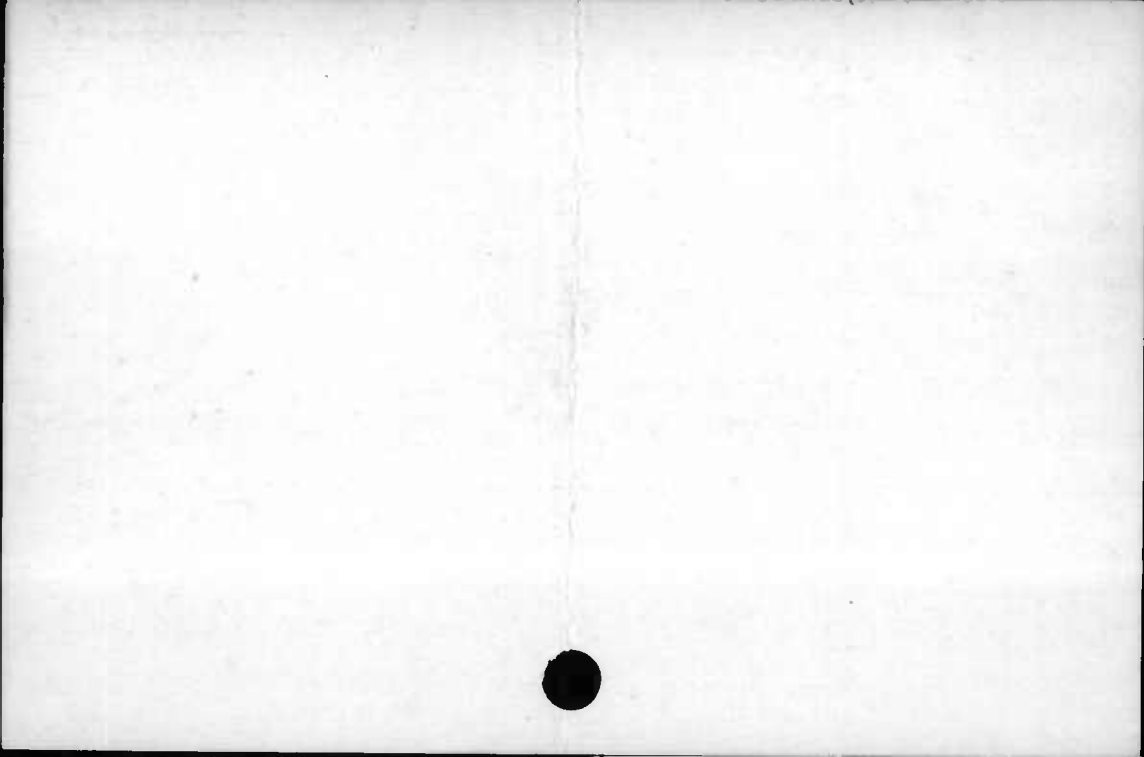
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph Richard Samuel Livers</i>		Town <i>Patterson City</i>		County <i>Charles</i>		MARYLAND	
Died at <i>Patterson City</i>		Date of death <i>1906 Jan 26</i>		Age <i>16</i>		Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Ind.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Patterson City</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>David R. Livers Jr.</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Margaret M. Livers</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>David Livers Jr.</i>		How related to deceased <i>Father</i>					

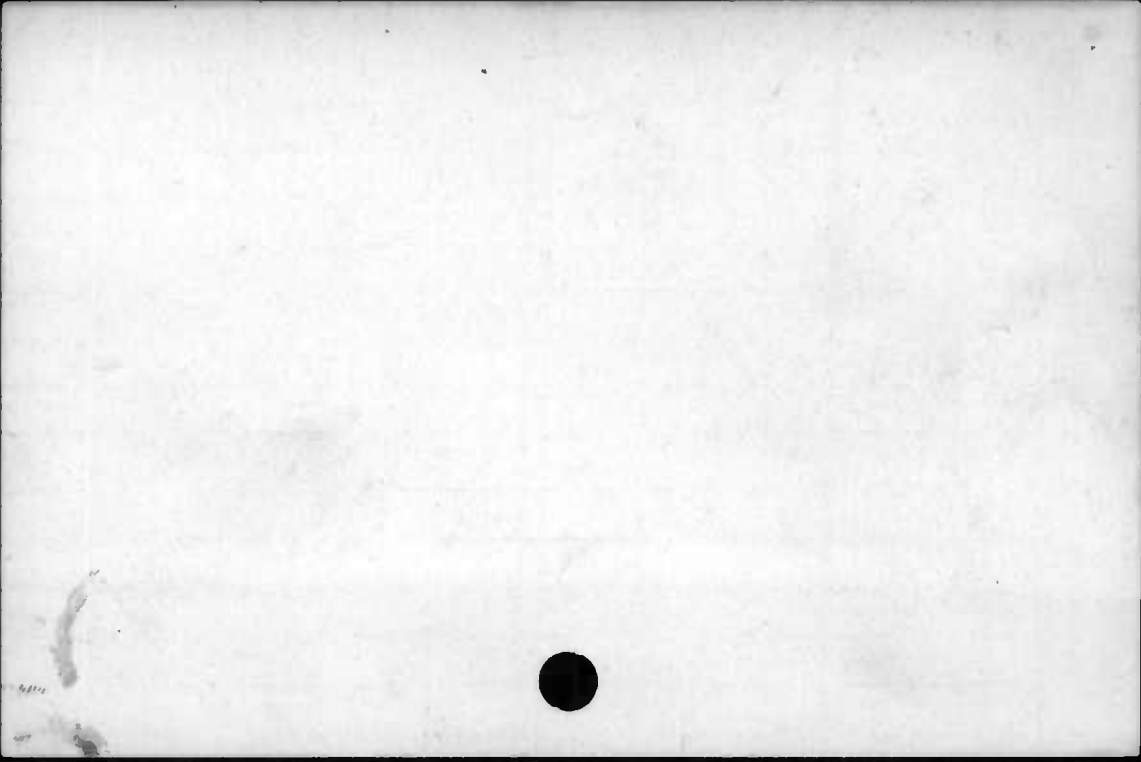
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unharmful</i>	How long <i>179</i>
Immediate <i>Natural Causes</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. C. Chappell, M.D.</i>
	Address <i>Hughesville Ind.</i>
Accident or Suicide? <i>—</i>	<i>Ind.</i>



Name in Full		Frank Lucas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Keighwinn		County Cherokee		MARYLAND
	Date of death		Month Jan	Day 3	Years 90	Months —	
	Sex Male		Color or Race White		Birthplace Md		
	Occupation Farmer				Where Residing if not at place of death		
	Married, Single or Widowed Widow		Name of Wife or Husband Elizabeth Lucas				
	Father's Name				Father's Birthplace Md		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information		Merley J. Padgett				How related to deceased Son in Law	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Paralyzed		How long		5 days
	Immediate		Heart failure		How long		—
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. C. Chappell
					Address		Keighwinn Md
Accident or Suicide?							



Name
in
Full

his Donathay Longh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Newbury		County Charles		MARYLAND	
Date of death 1906	Month July	Day 11	Age 1	Years	Months 2	Days	
Sex	Color or Race negr.			Birth- place Charles			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband Bob Longh				
Father's Name	Bob Longh		Father's Birthplace		Charles		
Mother's Maiden Name			Mother's Birthplace		11		
Name of person giving In formation		(92)		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broncho-Pneumonia		How long	3 wks.
Immediate	General Etkemia		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Reeder Longh M.D.		
		Address Newbury T. Md.		
Accident or Suicide?				



Name
in
Full

James M. Mander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

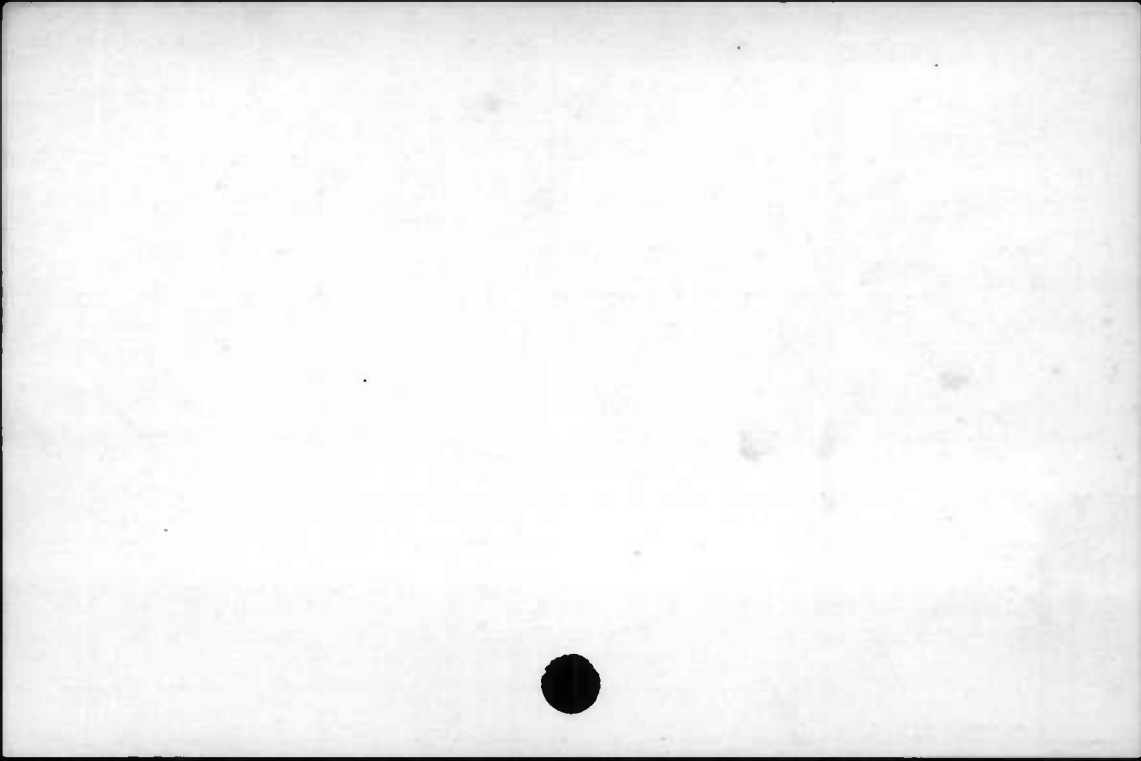
MARYLAND

Died at <i>Conrad</i> Town		County <i>Ches</i>			
Date of death <i>1904</i>	Month <i>1</i>	Day <i>22</i>	Age <i>1</i>	Months <i>6</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed.		Name of Wife or Husband			
Father's Name <i>James Mander</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Edith Mander</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information			How related to deceased		

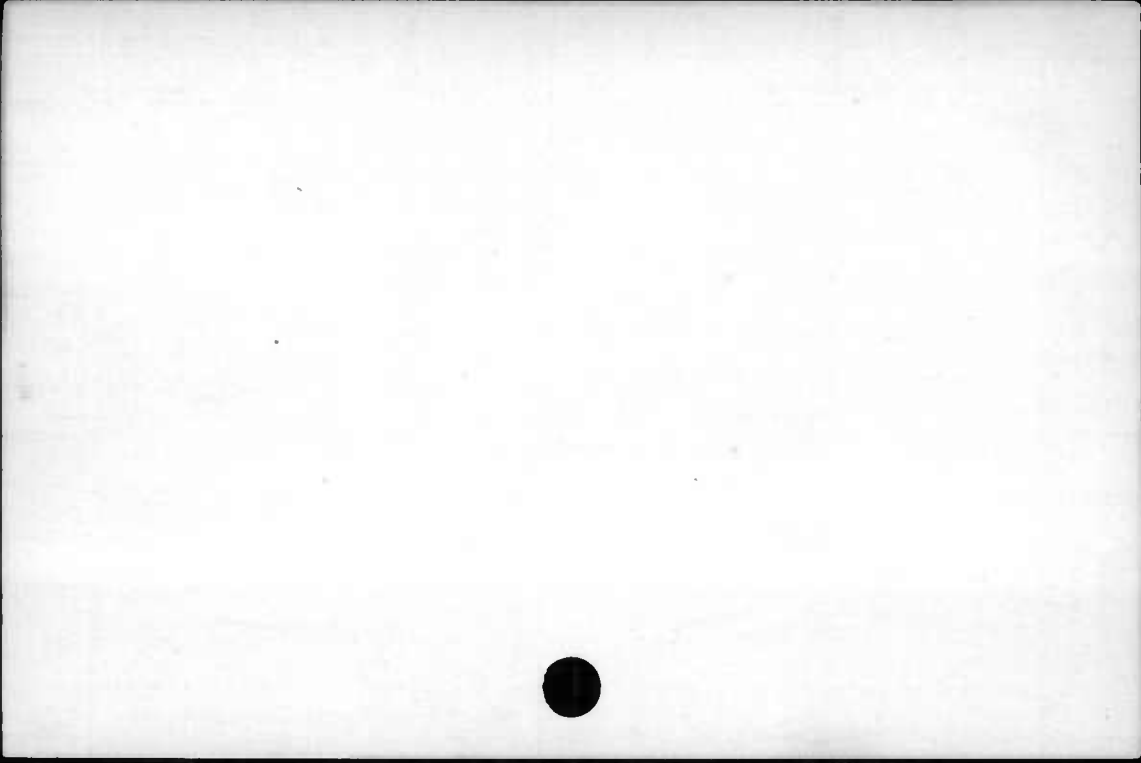
CAUSES OF DEATH


PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>24 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. Smith,</i>	
	Address <i>Conrad</i>	
Accident or Suicide?	<i>Chas. B. Mander</i>	



Name in Full		Elmer Marshall				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} <i>Mar La Plata</i>			^{County} <i>Charles</i>		MARYLAND		
		Date of death	1906	Month <i>Jan</i>	Day <i>9</i>	Age <i>5</i>	Years <i>5</i>	Months 	Days
		Sex <i>male</i>	Color or Race <i>colored</i>			Birth- place <i>Charles Co</i>			
		Occupation <i>none</i>			Where Residing If not at place of death <i>—</i>				
		Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
		Father's Name <i>Frank Marshall</i>				Father's Birthplace <i>Charles Co</i>			
		Mother's Maiden Name <i>Juanne Coombs</i>				Mother's Birthplace <i>Charles Co</i>			
		Name of person giving In formation				How related to deceased <i>6</i>			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <i>Tuberculosis</i>				How long <i>(27)</i>			
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Thos. S. Owen</i>			
						Address <i>La Plata</i> <i>Ind</i>			
		Accident or Suicide?							



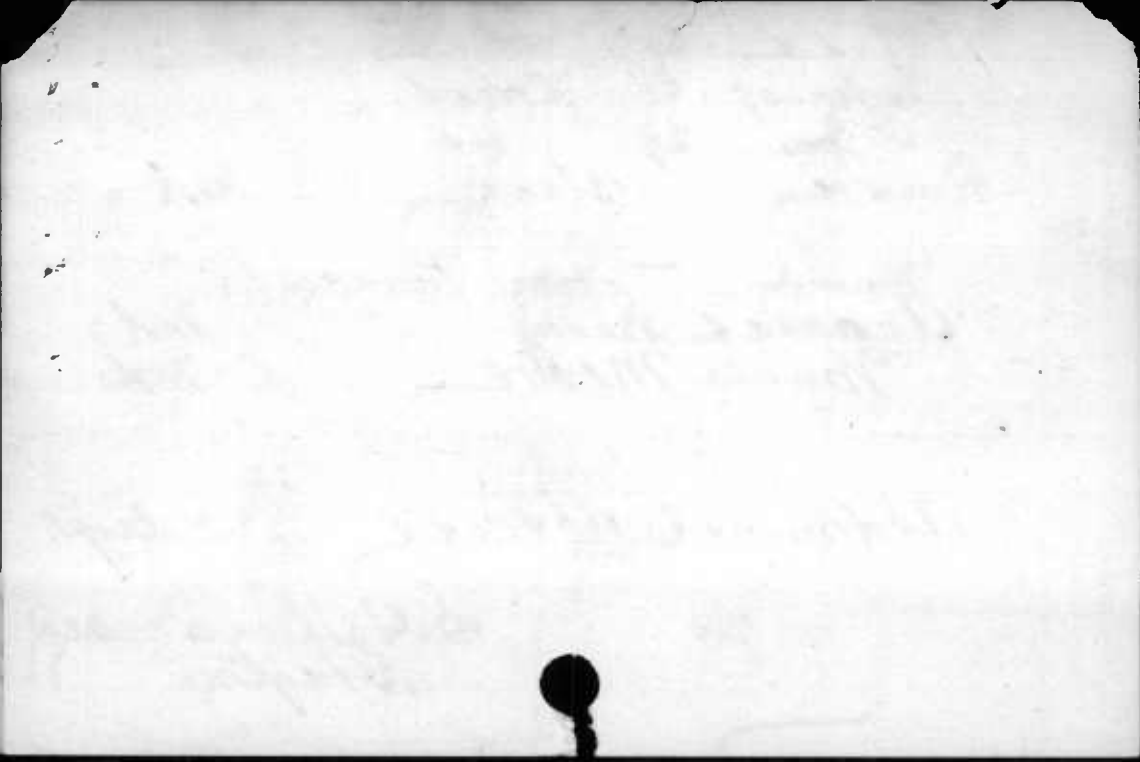
Name in Full		Betty Matthews				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hill Top</i>		Town <i>Chol</i>		County <i>Chol</i>		
	Date of death <i>1906</i>		Month <i>1</i>	Day <i>1</i>	Age <i>4</i>	Years	Months
	Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Chol - B. W. I.</i>		
	Occupation <i>None</i>				Where Residing if not at place of death		
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>				
	Father's Name <i>Aloueguo Matthews</i>				Father's Birthplace <i>Chol - B. W. I.</i>		
Mother's Maiden Name <i>Celia Dyer</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Aloueguo Matthews</i>				How related to deceased <i>Father</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<i>Pneumonia</i>		How long <i>1 week</i>		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>None</i>				
			Address <i>None</i>				
Accident or Suicide?		 <i>W. F. Browne</i>					

Reported by
Wing Forawen
Sub Reg

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

in Full Elmer E Mattingly		CERTIFICATE OF DEATH	
Died <i>Wm McConchie</i> Town <i>Charles</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>8th</i>	Age <i>73</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birthplace <i>Charles Co</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>housewife</i>		Where Residing if not at place of death <i>at home</i>	
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Thos J Mattingly</i>		
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information <i>A. L. Higdon</i>		How related to deceased <i>nephew</i>	
CAUSES OF DEATH			
Primary <i>Cerebral hemorrhage</i>	How long <i>about 3 days</i>		
Immediate <i>apoplexy</i>	How long		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos S Owen M.D.</i>		
	Address <i>La Plata Md</i>		
Accident or Suicide? <i>—</i>	<i>✓</i>		



Name
in
Full

Nellie Sarmy Muncester

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Hanferry

Chas.

Date

Month

Day

Years

Months

Days

of death

1906

Jan.

29

Age

45

Sex

Female

Color or
Race

Black

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Jim Muncester

Father's
Name

Ananias Sarmy

Father's
Birthplace

Md

Mother's
Maiden Name

Nannie Moore

Mother's
Birthplace

Md

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Abdominal abscess

How long

20 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

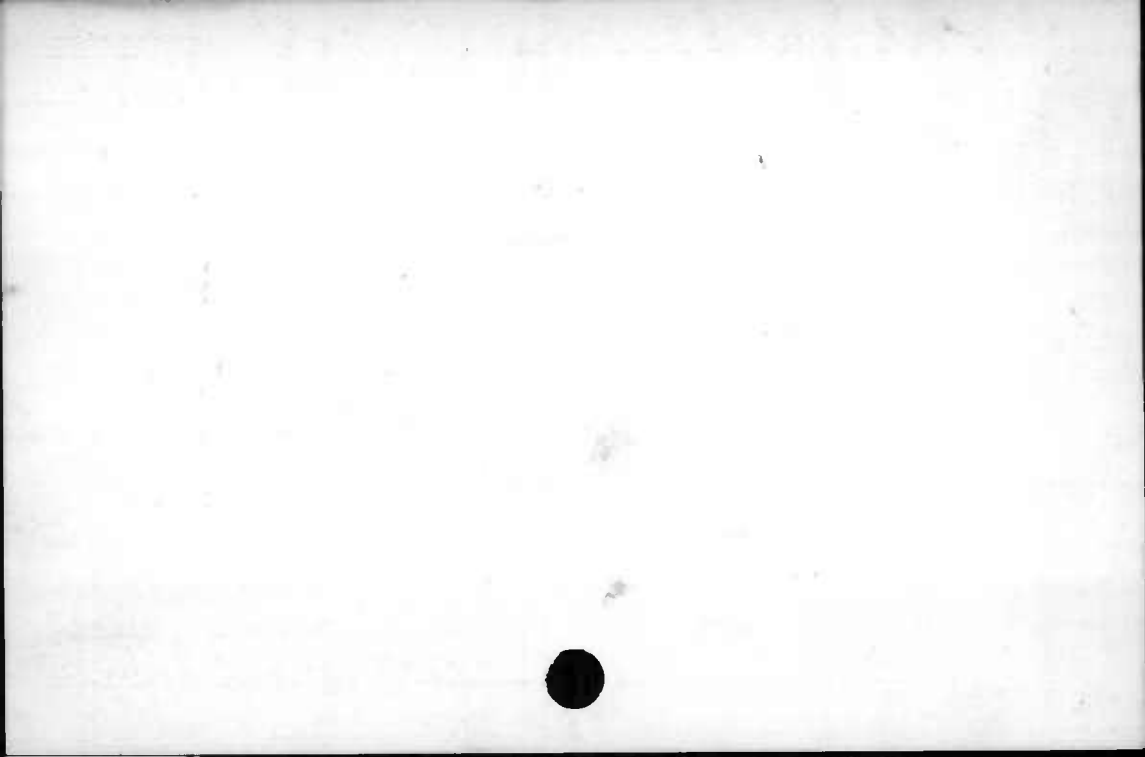
Signature of
PhysicianS. S. Drake Md
Grayton

Address

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

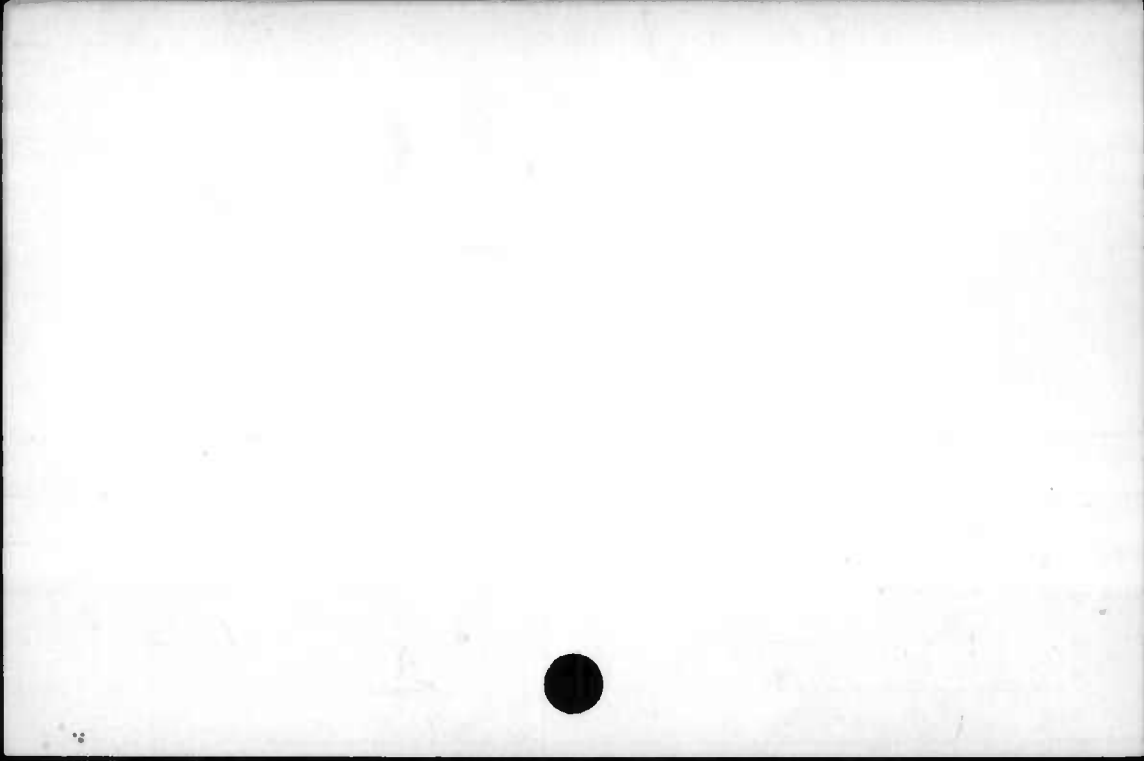


Name in Full Mrs Ellen Price		CERTIFICATE OF DEATH	
Died at Chickamux <small>Town</small>		Charles <small>County</small>	
Date of death 1906		Month 1 Day 9 Age 90 Years Months Days	
Sex Female		Color or Race Black	
Occupation		Birth-place Wm. Co. Mo.	
Where Residing if not at place of death			
Married, Single Single		Name of Wife or Husband don't know	
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving Information		How related to deceased	
CAUSES OF DEATH			
Primary old age		How long	
Immediate General debility		How long	
Are the name, age, sex, color, date and place correctly given above? Y		Signature of Physician B. Smith M.D.	
		Address Ironsider Chas. Co. Mo.	
Accident or Suicide?		✓	

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

154



Name
in
Full

Mrs Mary Shymansky

CERTIFICATE OF DEATH

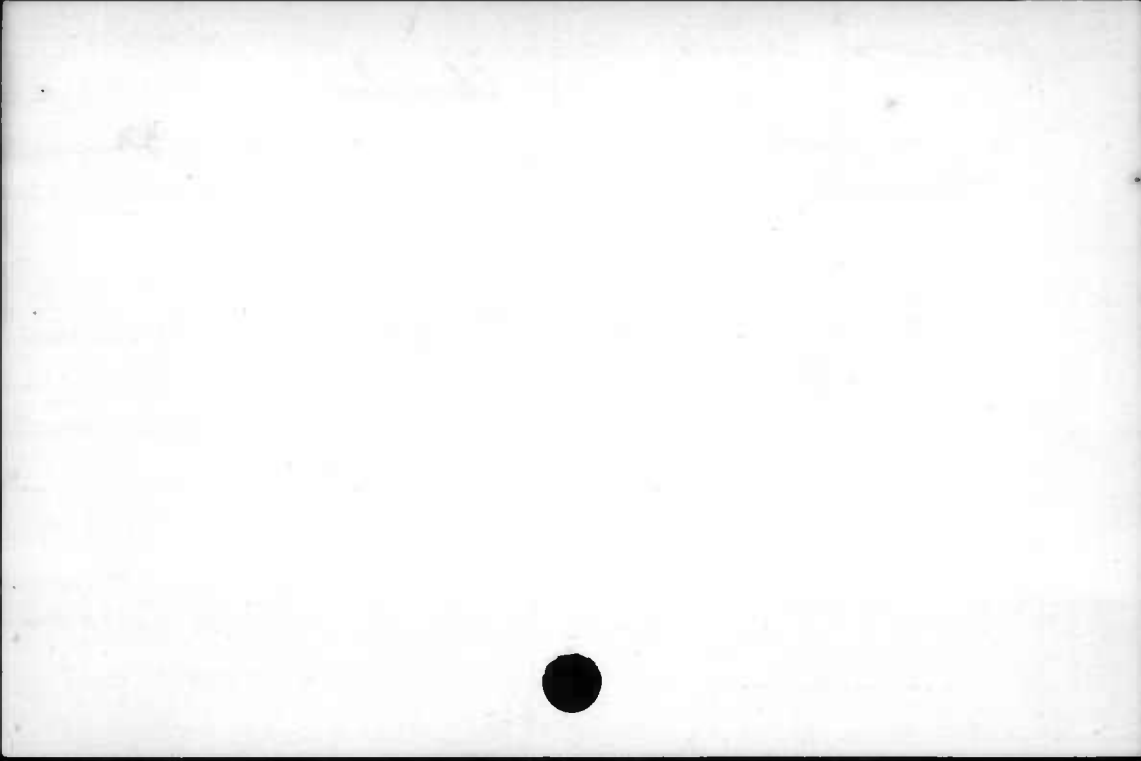
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Point</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death	1906	Month	<i>January</i>	Day	<i>11</i>
Sex	<i>Wight</i>	Color or Race	<i>Wight</i>	Age	<i>70</i>
Occupation				Months	<i>11</i>
			Birth-place	<i>Charles</i>	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
<i>Married</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright + heart trouble</i>	How long	<i>1 yr.</i>
Immediate	<i>Paralysis</i>	How long	<i>One day -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Not answered</i>		<i>J. L. Hedges,</i>	
Date Jan. 10th '06.		Address	
Accident or Suicide?		<i>Wayside</i>	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDMarion Estelle Stronstuck -
Town County

Died at Hughesville

Date of death 1906 Jan 31 Age Years Months 2 - Days

Sex Female Color or Race White - Birth-place Hughesville Md

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name William Stronstuck Father's Birthplace Md -

Mother's Maiden Name Estelle Morrison Mother's Birthplace Md

Name of person giving information Father How related to deceased Father -

CAUSES OF DEATH

Primary Whooping Cough 8 How long 1 week -
Immediate

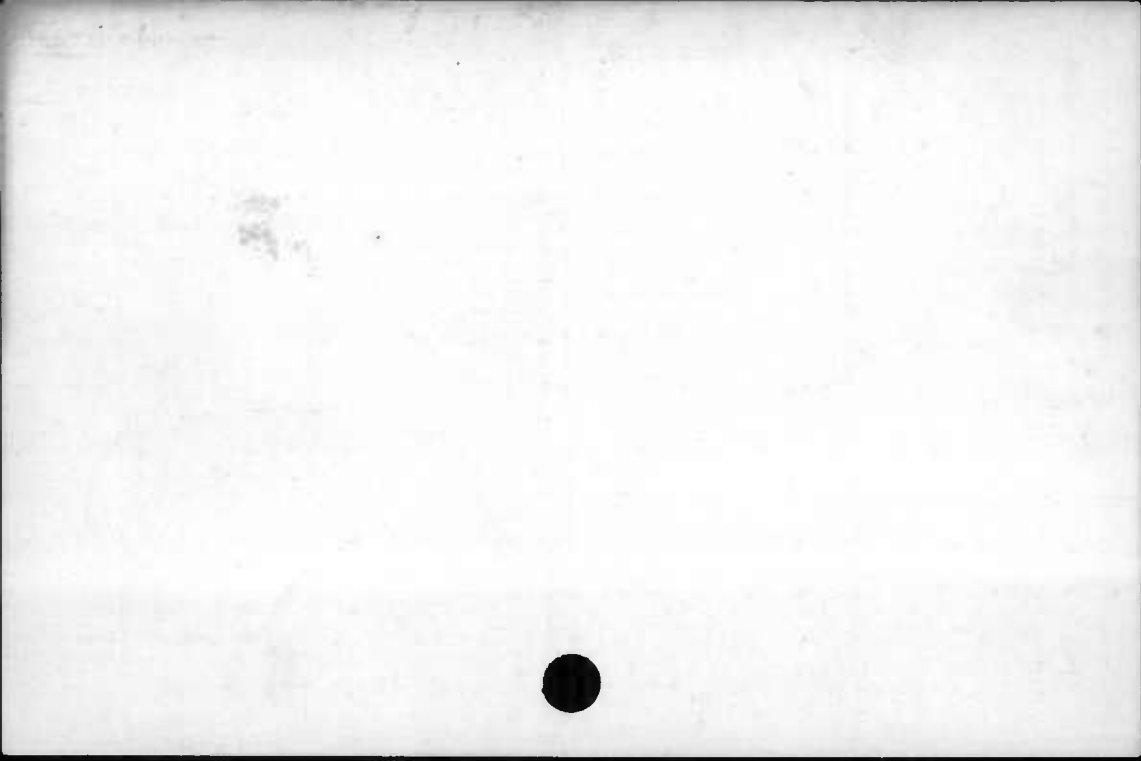
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Stiles Born Thomas (Mm)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1906	Month Jan	Day 28	Age		Years	Months	Days
Sex Female	Color or Race Colored		Birth- place Charles				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name Wm. Thomas			S.		Father's Birthplace Charles		
Mother's Maiden Name Mary Warren					Mother's Birthplace Charles		
Name of person giving in formation Wm Thomas					How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W J Galis
	Address Sub/Reg
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Sydney Thompson		County		CERTIFICATE OF DEATH	
Died at Allen's Irish		Charles		MARYLAND	
Date of death	1906	Month	Jan	Day	3
Sex	Male	Color or Race	Mixed	Months	3
Occupation		Birthplace	Charles Co.	Days	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name Emanuel Thompson			Father's Birthplace Charles Co.		
Mother's Maiden Name Sarah Newman			Mother's Birthplace Charles Co.		
Name of person giving information Emanuel Thompson			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Croup	How long	1 day
Immediate	Suffocation	How long	2 Hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Peter W. Roby Sub-Registrar
		Address	Bd. Allen
Accident or Suicide?			M.D.



Name
in
Full

Adelle Frances Washington

CERTIFICATE OF DEATH

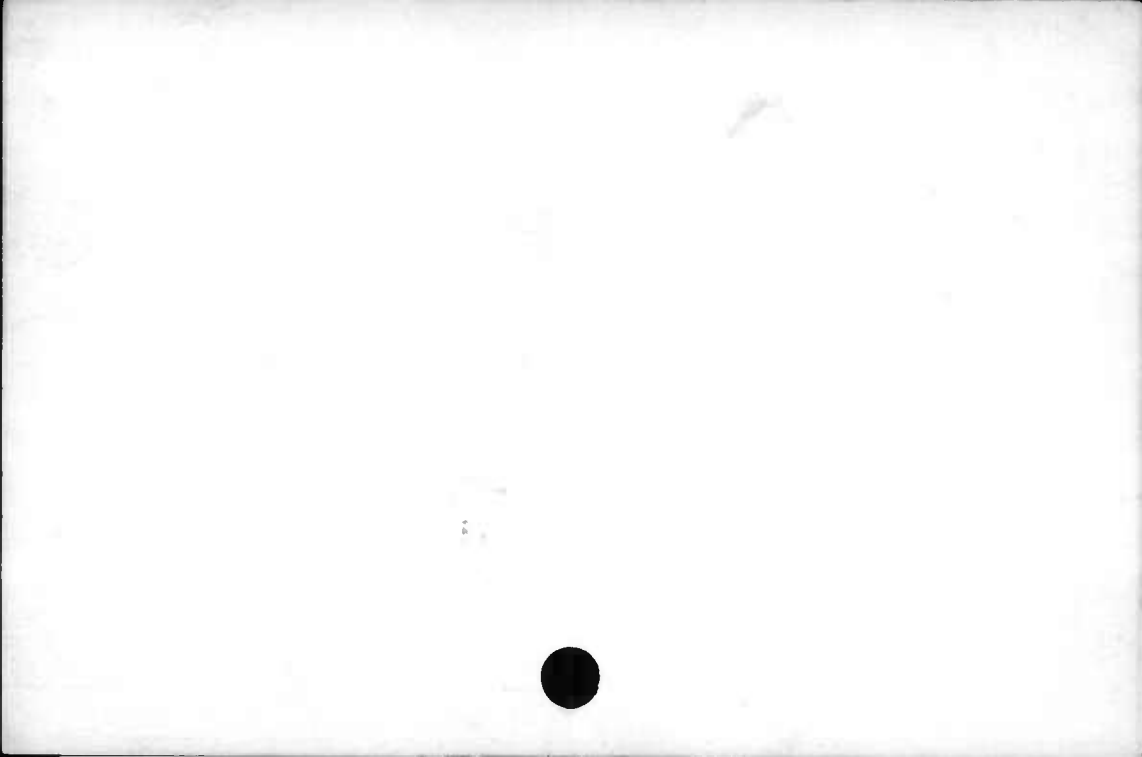
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bryantown		County Charles		MARYLAND					
Date of death 190		6	Month Jan	30	Day	19	Years	—	Months	—	Days
Sex		Female		Color or Race		Cocord		Birth- place		Md	
Married, Single or Widowed		Married		Occupation		Servant					
Name of Wife or Husband		James R. Washington									
Father's Name		John Queen						Father's Birthplace		Md	
Mother's Maiden Name		Rachel Gooding						Mother's Birthplace		Md	
Name of person giving In formation		John Queen						How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Puerperal Septicaemia		How long		10 days	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		L. C. Carrico Md			
		Address		Bryantown Md			
Accident or Suicide?		✓					



Name in Full.		Infant no name Welch				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} Pisgah		^{County} Charl		MARYLAND		
	Date of death 1906	Month Jan	Day 16	Age	Months	Days 2 Hours	
	Sex Male		Color or Race white		Birth-place Chasco Md		
	Occupation none			Where Residing if not at place of death			
	Married, Single or Widowed Single		Name of Wife or Husband none				
	Father's Name Robt A Welch				Father's Birthplace Md.		
Mother's Maiden Name Maggie Welch				Mother's Birthplace Md.			
Name of person giving information Robert A Welch				How related to deceased Father			
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Obscure		How long 2 Hours after Birth		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician none in attendance			
				Address C. D. Carpenter Sub. Bg Pisgah Md			
Accident or Suicide?							

